I. Background

The Missouri Department of Mental Health (DMH) began conceptualizing reintegration of the chronically mentally ill into the community during the late 1950's. By the 1960's, a small number of staff coordinated the beginnings of such "deinstitutionalization" by overseeing purchased residential services in nursing and boarding homes for former state hospital clients. In the 1970's, this expanded to include the first clients placed in their own apartments.

By the 1980's, Community Placement Programs (CPPs) in five regions of Missouri were staffed by psychiatric social workers, psychiatric nurses and physicians who evaluated persons with psychiatric disabilities for their ability to live in community settings, determined what kind of setting and supports were needed for the transition to community living, and provided or arranged for supports, including financial assistance.

In 1992, the CPPs became Supportive Community Living Programs (SCLPs) in order to reflect an active follow-up role upon an individual's entry into a community setting. The 1990s saw the growth of community providers who deliver services to SCLP clients in a defined geographic area. DMH developed the policy of "decentralizing" SCLP offices by transferring their clinical duties to community providers. This included entry of clients into the service delivery system.

As decentralization progresses, duties of SCLP offices include the following:

1. Monitoring of residential facilities and sharing findings with community providers.
2. Fiscal monitoring of clients' records, client eligibility for services, financial eligibility, notice of cost, individual treatment plans and documentation of services.
3. Fiscal processing of requests for residential funds.
4. Service monitoring, such as investigations of complaints and abuse/neglect allegations.
5. Administrative functions such as contract management, base rate adjustment, new facility/program recruitment, and budget management.
6. Training of community-based staff in activities formerly performed by SCLP.

Responsibilities of community providers include:

1. Intake and screening of clients for residential services.
2. Guardianship and conservatorship activities.
3. Initiation or processing of requests for clients to receive residential assistance.
4. Communication (24-hour capability) with facility operators regarding changes in client status.
5. Development of burial plans.
6. Implementation of a treatment plan which includes clinical/medical oversight.

This manual has been prepared in 2004, the target year for community-based providers to assume clinical responsibilities throughout Missouri.

II. Introduction

The Supportive Community Living (SCL) office functions as the monitoring and funding agency for the administrative agents and affiliates. The disciplines of social work, nursing, and business administration are represented by various employees.

Primarily, the Supportive Community Living staff provides technical support for and monitoring of mental health services provided by administrative agents, affiliates and other outside provider agencies. The support role by the SCL office is specific for those consumers residing in licensed residential facilities and supported housing programs. The SCL office follows the guidelines and directives as issued by the Department of Mental Health Central Office (Appendix A: MRS 630.605 and Appendix B: 9 CSR 50-2.510).

A. Mission:

SCL in conjunction with other agencies, facilitate the placement or the return of clients to the community setting and monitoring and/or delivery of services for those clients.

B. Vision:

In a changing mental health care delivery model, we will collaborate with providers to seek housing and community based treatment opportunities that will allow clients to lead an improved quality of life.

C. Values:

1. Advocate for the needs of the mentally ill in community based settings.
2. Promote the acquisition of varied housing choices to foster community integration.
3. Promote a fair, equitable and comprehensive service delivery system by outside agencies.
4. Work cooperatively with all providers from community and/or hospital based settings.
5. Strive for cultural competency in all aspects of service.
6. Share experience and knowledge with all providers
7. Promote respect, caring and dignity for all individuals.

III. Protocol for Community Providers -- Processing a Referral

A. A referral can be initiated by the person seeking SCL services for her/himself, or by a guardian, or by a DMH Inpatient facility or other helping agency. If necessary, the provider, in order to assess, may meet with the referred client and others involved such as a guardian, treatment team, or family.

B. The community provider will determine eligibility based on Code of State Regulations (9CSR 50-2.510, Appendix B). All DMH forensic inpatients are eligible, and all DMH inpatients shall receive priority in admission. SCL will make the final determination.

C. The community provider will make an initial determination of financial eligibility based on SCL guidelines. SCL will make the final determination of financial eligibility.

D. For forensic clients at DMH inpatient facilities, assigned community provider staff will communicate with the forensic case monitor, DMH facility staff, and the forensic review team. This allows provider staff to learn the conditions of release and establish the link with the forensic case monitor. Provider staff may be requested to attend the court hearing when needed.

E. To refer a client to SCL, the assigned provider staff will obtain necessary documentation, complete required referral forms, and forward the following items as a “referral packet” to the appropriate SCL office:

1. SCL Face Sheet (Draft 08/04/04) [This is the basic document for clients used to input demographic information into DMH Medical Records and computer systems (CTRAC & CIMOR). It must identify the guardian, if applicable. The physician’s signature is not required.]
2. SCL Notice of Placement (Draft 08/04/04) [This includes necessary financial details for placement.]
3. Psychiatric Assessment (including current diagnosis), done within the last year, signed by a physician or licensed psychologist. [This is not a DMH form. Community providers should use their own form.]
4. Standard Means Test (DMH 69) [This is essential to determine the client’s participation in the cost of care.]

5. Notice of Privacy Practices Acknowledgement signed by the consumer or the legal guardian. (See DOR 8.005) [This is a statement that the client has received a copy of rights to privacy. The explanation is in Appendix C.] It is with the following.
6. Application for Supportive Community Living Services (Draft 08/04/04) [This is written confirmation of the client/guardian's agreement to placement.]
7. Medical Report Including Physician's Certification /Disability Evaluation (IM-60A – MO 886-0731) [Only required for a client who has never been approved for SSI or SSDI. For these individuals DMH needs to have a physician's assessment of disability which indicates that the client can receive SCL services.]
8. Authorization for Reimbursement of Interim Assistance (MO 650-5828N) signed by client or conservator. [Only required for a client not currently receiving SSI or SSDI. This form allows DMH to recoup funds from a back payment to cover costs of placement.]
9. Copy of guardianship, conservatorship, or durable power of attorney document (if applicable).

F. SCL staff may request additional information, if needed to complete the referral packet and to assess eligibility and appropriate level of care.

G. Notification of ineligible clients. When it is determined that a referred client is not eligible for SCL services, the community provider will send a certified letter to the client/guardian and, if applicable, to the referral source stating reasons for ineligibility and information about the appeal process as defined in the Code of State Regulations (9CSR 50-2.510).